PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| Application | or | Docket | Number |
|-------------|----|--------|--------|
| / | | | |

| Effective November 10, 1998 | | | | | | | | (|)7/3 | 1/4 | 96/ | | |
|--|------------------------------|------------|--------------------------------|-------------|-------|--|------------------|--------|---------------------------------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL TYPE | | OR | OTHER SMALL | |
| FC | OR NUMBER FILED NUMBER EXTRA | | | | EXTRA | | RATE | FEE | 1 | RATE | FEE | | |
| BASIC FEE | | | | | | | | 380.00 | OR | | 760.00 | | |
| TOTAL CLAIMS / S minus 20= * | | | | | | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | | | | | X39= | 39 | OR | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TOTAL | 419 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | OTHER TH SMALL ENTITY OR SMALL ENT | | | | |
| AMENDMENT A | | REM. AF | AIMS AINING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * / | 5 | Minus | ** | 20 | = 0 | | X\$ 9= | | OR | X\$18= | |
| AME | Independent FIRST PRESE | <u> </u> | W OF MI | Minus | *** | | = 0 | | X39= | | OR | X78= | |
| | rinoi Phese | NIAIIC | IN OF INC | JLIIPLE DE | PENL | DENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | | - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | ımn 1) | | | Column 2) | (Column 3) | | | | | | |
| AMENDMENT B | | REM. | AIMS AINING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON. | Total | * / | 4 | Minus | ** | 20 | = () | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * 4 | <u>/</u> | Minus | *** | | = 0 | Ī | X39= | | OR | X78= | |
| | FIRST PRESE | NIAIIO | N OF MU | JLTIPLE DEI | PENL | DENT CLAIM | | Ī | +130= | | OR | +260= | |
| | | | | | | | | L | TOTAL ADDIT. FEE | i | OB | TOTAL ADDIT. FEE | |
| | | | ımn 1) | | (C | Column 2) | (Column 3) | _ | NDDII. FEE I | | , | ADDII. FEE | |
| AMENDMENT C | | REM/ AF | AIMS AINING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE- | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | | Minus | *** | | = | ŀ | X39= | | OR | X78= | |
| | FIRST PRESE | NTATIO | N OF MU | JLTIPLE DEI | PEND | DENT CLAIM | | ŀ | +130= | | | 1360 | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +260= TOTAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | | <u> </u> | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.